New Jersey Department of Health and Senior Services APPLICATION FOR MARRIAGE LICENSE

(PLEASE PRINT OR TYPE)

DECLARATION OF M. (Giving false information			FEMALE APPLICANT on constitutes perjury.)			
Name (First, Middle, Last)		Name (First, Middle, Maiden Name)				
Street Address (Current Legal Residence) (City, Borough, Twp) (See Note 1)		Street Address (Current Legal Residence) (City, Borough, Twp) (See Note 1)				
County (See Note 4)	State Zip Code	County (See Note 4)	State Zip Code			
2. Birthdate 3.	Age (See Note 2)	1a. Current Name (if different)	2. Birthdate			
4. Birthplace		3. Birthplace	4. Age(See Note 2)			
5. Marital Status (at time of this marriage) (See Notes 3 and 5)		5. Marital Status (at time of this marriage) (See Notes 3 and 5)				
Date Never Married Widowed	Place	Date Never Married Widowed	Place			
Divorced	-	Divorced				
Annulled		Annulled				
6. Number of Times Previously Married (if ap	pplicable)	6. Number of Times Previously Married (i	f applicable)			
7. Maiden Name of Most Recent Wife (if any)	7. Name of Most Recent Husband (if any)				
8a. Father's Full Name	8b. Birthplace	8a. Father's Full Name	8b. Birthplace			
9a. Mother's Full Maiden Name	9b. Birthplace	9a. Mother's Full Maiden Name	9b. Birthplace			
10. Are you related to the Bride? Yes No If "YES," how:		10. Are you related to the Groom? Yes No If "YES," how:				
11. Are you infected with Venereal Disease in a communicable stage? ☐ Yes ☐ No		11. Are you infected with Venereal Disease in a communicable stage? Yes No				
INFORM	ATION TO BE COMPLETED B	Y EITHER MALE OR FEMALE APPL				
In which Incorporated Municipality in New Jersey do you intend to be married? (See Note 4)		2. Intended Date of Marriage	Telephone Number where either party can now be reached.			
Name and mailing address of person who is to perform the marriage.		Mailing Address where you may be real	l Iched after marriage.			

NOTE 1. This is the permanent home and principal establishment to which, when absent, the applicant intends to return.

NOTE 2. Written consent of both parents is required for the marriage of any person under eighteen years of age. In addition, if any person is under sixteen, the consent of the parents must be approved in writing by a judge of the Superior Court, Chancery Division, Family Part. Consent of parents is required for the remarriage of a minor previously married to the same mate in another state.

NOTE 3. When a remarriage license is requested, adjust 5 for the male and female applicant to show that the parties are already married. It is required that proof of the previous marriage be submitted to you. Common law marriages which were legal prior to December 1, 1939 must be established by affidavit showing the

place and date of the common law marriage contract. The place and date of the previous marriage should be stated on both the application and the license. The seventy-two hour waiting period is waived in remarriage cases. Consent of parents is required for the remarriage of a minor previously married to the same mate in another state.

NOTE 4. If both applicants are nonresidents of New Jersey, the marriage must occur where license is issued. Registrar should so mark license.

NOTE 5. The Registrar's use of a divorce decree submitted with this application in no way implies its validity. Such a determination can only be reached in a court of law.

Continue with Declaration of Identifying Witness and Oath.

UPON COMPLETION, APPLICATION IS TO BE RETAINED AS A PERMANENT RECORD. DECLARATION OF IDENTIFYING WITNESS

(Giving false information constitutes perjury)

	Address				
(First) (Middle		(Middle)	(Last)		
		(Street)			
(0	(City, Borough, Township) (County)		(State)		(Zip Code)
How long h	nave you known each applicant?	Male		Fer	nale
Have the a	pplicants correctly stated their a	ges and usual residences?	□Yes	□No	
Do you kno	Do you know of any legal impediment to their marriage?		□Yes	□No	If "Yes" - Explain:
	OATH OR AFFIRMATION	ON OF APPLICANTS AN	D IDENTI	FYING W	TITNESS
punishab waiting pe	O REGISTRAR - Applicants and le by a maximum fine of \$7,500. eriod, the same identifying witnes same witness must sign once ag	.00. In any case where appl ss must return when the seco	ication is n ond party c	nade by or ompletes t	nly one party to begin the the application. In such a
incompete	have hereunder signed our nament, the answers given by us in all of said questions.				
(Signature of Male Applicant)					(Date)
	(Signature of Female A	Applicant)			(Date)
Signature of Witness			Date)		
(Second Signature of Same Witness, if necessary)		(Date)			
Sworn (c	or affirmed) and subscribed befor	re me at			
this	day of	, 20	at		_ AM PM
				(Registra	r)
DECIST	RAR - DO NOT insert place and e or copy thereof is sent to you.	date of marriage or file the ap Follow-up on all licenses for	oplication u completion	ntil either t	the completed marriage
certificat		License number issued			
certificat	number	issued			
certificat	number	issued _		(Date	of Issue)
certificat	performed in		on	•	·
certificat	performed in	issuedty, Borough, Township)	on _	•	of Issue) (Date)
certificat License	performed in	ty, Borough, Township)			(Date)
certificat License Marriage	performed in (Cit	ty, Borough, Township)	HEIR SOCIA	L SECURIT	(Date)

Social Security Numbers shall be kept confidential and may only be released for child support purposes and shall not be considered a public record pursuant to P.L. 1963, C.73 (C.47:1A-1 et seq.)